FORM D



OMB Number: 3235-0076 Expires: April 30,2008 Estimated average burden hours per response.....16.00

SEC USE ONLY						
Prefix	Serial					
DA	TE RECEIVED					
	1					

Name of Offering ( check if this is an amendme	nt and name has changed, and indicate change.)	
\$785,750,000 offering of limited partnership in	terests in RLJ Real Estate Fund III, L.P.	
Filing Under (Check box(es) that apply): Rule	504 🔲 Rule 505 🔽 Rule 506 🔲 Section 4(6	) ULOE
Type of Filing: New Filing  Amendment		
		TERROR BERKLERAL BRIM FOLKLUR IN INCH STORY IN SERVICE ST
	A. BASIC IDENTIFICATION DATA	! ]0   1   1   1   1   1   1   1   1   1
1. Enter the information requested about the issuer		11874 4500 1684 4500 1684 1584 1684 1684 1684 1684
Name of Issuer ( check if this is an amendment a	and name has changed, and indicate change.)	07077747
RLJ Real Estate Fund III, L.P.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
3 Bethesda Metro Center, Suite 1000, Bethesd	(301) 280-7777	
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business		
Real estate investments.		2
		_り
Type of Business Organization	•	
☐ corporation ✓ limited	partnership, already formed other (	please specify): PROCESSED
business trust limited	partnership, to be formed	* 1100E03ED
	Month Year	SEP 2 0 2007
Actual or Estimated Date of Incorporation or Organiz		
Jurisdiction of Incorporation or Organization: (Enter		
CN	for Canada; FN for other foreign jurisdiction)	
CENERAL INSTRUCTIONS		1 MANUACIAL

### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

			A. BASIC ID	ENTI	FICATION DATA			•	
2. Enter the information re	quested for the	followin	g:						
<ul> <li>Each promoter of the</li> </ul>	he issuer, if the	issuer h	as been organized v	vithin	the past five years;				
<ul> <li>Each beneficial own</li> </ul>	ner having the p	ower to v	ote or dispose, or d	rect th	e vote or disposition	of, 10	% or more o	fa clas	s of equity securities of the issuer
<ul> <li>Each executive offi</li> </ul>	cer and directo	r of corp	orate issuers and of	corpo	rate general and mai	naging	partners o	f partne	ership issuers; and
<ul> <li>Each general and m</li> </ul>	nanaging partne	r of part	nership issuers.						
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director	Ø	General and/or Managing Partner
Full Name (Last name first, it									
Business or Residence Addres 3 Bethesda Metro Center			t, City, State, Zip C da, Maryland 20t						
Check Box(es) that Apply:	Promoter		Beneficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, it Thomas J. Baltimore, Jr.	findividual)								
Business or Residence Addres 3 Bethesda Metro Center,	•		i, City, State, Zip C la, Maryland 208	-					
Check Box(es) that Apply:	Promoter		Beneficial Owner	Z	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, it Ross H. Bierkan	findividual)								
Business or Residence Addres	s (Number a	nd Street	, City, State, Zip C	ode)					
3 Bethesda Metro Center,	Suite 1000, E	3etheso	ia, Maryland 208	14					
Check Box(es) that Apply;	Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, it	individual)				•				
Howard B. Isaacson									
Business or Residence Addres	s (Number a	nd Street	, City, State, Zip C	ode)					
3 Bethesda Metro Center	, Suite 1000,	Bethes	da, Maryland 208	314				_	
Check Box(es) that Apply:	Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if Carl A. Mayfield	individual)								
Business or Residence Addres  3 Bethesda Metro Center	-		, City, State, Zip C da, Maryland 208	,					
Check Box(es) that Apply:	Promoter		Beneficial Owner	Ø	Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if H. Van Sinclair	individual)	<del></del>							
Business or Residence Addres 3 Bethesda Metro Center	-		, City, State, Zip C da, Maryland 208	,					
Check Box(es) that Apply:	Promoter	Ø	Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
California Public Employe	es' Retireme	nt Syste	em						
Business or Residence Addres	,			ode)				-	

		A. BASIC IDI	ENTIFICATION DATA		
2. Enter the information re	equested for the fo	llowing:			
<ul> <li>Each promoter of t</li> </ul>	he issuer, if the is	suer has been organized w	vithin the past five years;		
<ul> <li>Each beneficial ow</li> </ul>	ner having the pov	ver to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer
• Each executive off	icer and director o	of corporate issuers and of	corporate general and mar	naging partners of	partnership issuers; and
• Each general and r	nanaging partner o	of partnership issuers.			
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i		ystem			
Business or Residence Addre 7667 Folsom Boulevard,		-	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
	(Use bla	nk sheet, or copy and use	additional copies of this sl	heet, as necessary)	

		-			B. 1	NFORMAT	ION ABOU	T OFFERI	NG				
_	Uncitha	icanar col	d, or does th	ha issuar i	stand to sa	II to non a	coredited i	nvactore in	this offer	ina?	•	Yes	No
1.	rias tiic	: ISSUEF SOI	u, or does t			n, to non-a i Appendix							X
2.	What is	the minim	ıum investn					-				\$ 100	0,000.00
	What is the minimum investment that will be accepted from any individual?									Yes	No		
3.		_	permit join										
4.	commis If a pers or state	ssion or sim son to be lis s, list the n	ilar remune ted is an as:	ration for s sociated pe roker or de	solicitation rson or age ealer. If me	of purchase ent of a brok ore than five	ers in conne ter or deale e (5) persor	ection with r registered is to be list	sales of sec d with the S ed are asso	curities in t SEC and/or	irectly, any he offering. with a state ons of such		
Ful	l Name (	Last name	first, if ind	ividual)									
			Address (N	lumber and	d Street, C	ity, State, Z	Cip Code)			_			
		rtners LLC	roker or De	aler									
			et, Suite 2		rancisco,	California 9	94104						
Sta			Listed Ha								·	,	
	(Check	"All State	s" or check	individual	States)			*************			•••••	☐ A!	l States
	AL W. MT	AK IN NE SC	AZ M NV SD	AR KS NH TN	C/A KY Syj TXK	LA NM UT	ME NX VT	DE MD NC VA	DYC NYA ND WYA	FL MI QH WV	GA M/N OK WI	HI MS QR WY	ID MO PA PR
			first, if ind		d Street, C	City, State, 2	Zip Code)						
Nar	me of As	sociated B	roker or De	aler									
Sta	tes in W	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers			_			
	(Check	"All State	s" or check	individual	States)			·····	•••••			☐ Al	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Ful	l Name (	Last name	first, if ind	ividual)						_			
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)						
Nar	me of As	sociated B	roker or De	aler									
Sta	tes in W	hich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers				· · · ·		
	(Check	"All State	s" or check	individual	States)						•••••	☐ AI	l States
	AL IL MT	AK IN NE SC	IA NV SD	KS NH TN	CA KY NJ TX	LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

l.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check		
	this box and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	S	\$
	Equity	S	\$
	Common Preferred		
	Convertible Securities (including warrants)	S	\$
	Partnership Interests	785,750,000.00	\$_785,750,000.00
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		\$ 785,750,000.00
	Non-accredited Investors		
	Total (for filings under Rule 504 only)		\$
			<b>D</b>
_	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$ 8,945.00
	Legal Fees	<b>7</b>	\$ 243,985.00
	Accounting Fees		\$ 4,198.00
	Engineering Fees	_	s
	Sales Commissions (specify finders' fees separately)	_	\$ 4,524,906.00
	Other Expenses (identify) travel, meals, registration fees		\$ 27,509.00
	Total		\$ 4,809,543.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	SE OF PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Que and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted proceeds to the issuer."	d gross	780,940,457.00 \$
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be useach of the purposes shown. If the amount for any purpose is not known, furnish an estimate check the box to the left of the estimate. The total of the payments listed must equal the adjusted proceeds to the issuer set forth in response to Part C — Question 4.b above.	ate and	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	🗀 \$	_
	Purchase of real estate	\$	_ 🗆 \$
	Purchase, rental or leasing and installation of machinery and equipment	s	\$
	Construction or leasing of plant buildings and facilities	🗆 \$	_ [ \$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		_ □\$
	Repayment of indebtedness	<del>-</del>	<del>_</del>
	Working capital	<del>_</del>	_
	Other (specify): Invest in interest in hotel properties		
		 [] \$	\$
	Column Totals		780,940,457.0
	Total Payments Listed (column totals added)		80,940,457.00
Г	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange C information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)	Commission, upon writte	
Iss	uer (Print or Type) Signature	Date	
RL	J Real Estate Fund III, L.P.	September	, 2007
RLJ	me of Signer (Print or Type)  Capital Partners III, LLC, its general partner, by mas J. Baltimore, Jr., its President  Title of Signer (Print or Type)  General Partner		

 $\mathbb{END}$ 

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)